



CITY OF NEWPORT BEACH  
RECREATION & SENIOR SERVICES DEPT.  
949-644-3151 | NEWPORTBEACHCA.GOV  
RECREATION@NEWPORTBEACHCA.GOV

## GOING HOME SLIP

Camp/Class Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participants DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent Guardian Email: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_ authorize my child to  
be released by the instructor at the end of camp/class so that  
they may use to following alternative transportation:

☐ AUTHORIZED PICK-UP  
NAME: \_\_\_\_\_

☐ RIDE BIKE HOME

☐ WALK HOME

☐ OTHER: \_\_\_\_\_

PARENT GUARDIAN SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_